#### above, or on an attachment with all other like empowered. SIGNATURE: SAEZ FIGUEROA, PABLO R PRESIDENT

Electronic Signature of Signing Officer/Director Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Ρ
Name	SAEZ FIGUEROA, PABLO R
Address	6307 LA COSTA DR APT C
City-State-Zip:	BOCA RATON FL 33433

### DOCUMENT# P18000016336

Entity Name: PABLO R SAEZ FATHER AND SON DISTRIBUTOR INC

## **Current Principal Place of Business:**

6307 LA COSTA DR APT C BOCA RATON, FL 33433

### **Current Mailing Address:**

6307 LA COSTA DR APT C BOCA RATON, FL 33433

### FEI Number: 82-4616024

### Name and Address of Current Registered Agent:

SAEZ FIGUEROA, PABLO R 6307 LA COSTA DR APT C BOCA RATON, FL 33433 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

03/16/2019 Date

FILED Mar 16, 2019 Secretary of State 3361226298CC

Certificate of Status Desired: No

Date